WAC 296-307-14510 (Cont.)

State of Washington Department of Agriculture Olympia, Washington 98504

PESTICIDE APPLICATION RECORD (Version 3) NOTE: This form must be completed same day as the application and it must be retained for 7 years. (Ref. RCW 17.21)

1.	Date of Application - Year: Mo	nth:		Da	y(s):			•			
2. Name of person for whom the pesticide was applied:							····				
	Firm Name (if applicable):	•••••									
	Street Address:	City:		St	ate:	2	Zip:				
3.	Licensed Applicator's Name (if different from #2 above): License No.: License No.:										
	Firm Name (if applicable): Tel. No.:										
	Street Address:	Cit	y:		State: .		Zip:				
4.	☐ Air ☐ Ground ☐ Chemigation										
5.	Application Crop or Site:										
6.	Total Area Treated (acre., sq. ft., etc.):										
	Was this application made as a result of a V										
7.					-		11111t 1NO.)	••••••			
8.	Pesticide information (please list all inform	nation for each	n pesticide i	n the	tank mi	(x):					
		c) Total amount of Pesticide Applied in Treated Area		Other Measure) A) (e) Concentration Applied			
a)]	Product Name b) EPA Reg No.										
//											
	Address <i>or exact location</i> of application. Id, the field location must be shown on the n				ade to o	ne acre	or more of ag	ricultura	al		
ıaıı	a, the field location must be shown on the h	nap on page to	wo or this i	OIIII.			_			T	
10		12. 13.		14. Time		15. Acres	16. Wind		17.		
Da	Name of person(s) making the application	License No.	Apparat Lic. Plate			Stop	Completed	Dir.	Vel.	Temp	

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10. Date	11. Name of person(s) making the application	12. License No.	13. Apparatus Lic. Plate No.	14. Time Start Stop		15. Acres Completed	16. Wind Dir. Vel.		17. Temp

Location of Application (if the application covers more than one township or range, please indicate the township & range for the top left section of the map only):

TOWNSHIP:	_ N
RANGE: E or W (please indicate)	_
SECTION(S):	
COUNTY:	

PLEASE NOTE:

The map is divided into 4 sections with each section divided into quarter-quarter sections.

Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treated.

Miscellaneous Information

